

# DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

## BUILDING INSPECTION

### PERMIT

Please Read Application And Notes, If Any, Attached

Permit Number: 080460

PERMIT ISSUED

JUN - 6 2008

CITY OF PORTLAND

This is to certify that PRESUMPCOT STREET PROPERTIES LLC / Reagan & Company

has permission to Interior Tenant Fit-up.

AT 125 PRESUMPCOT ST PL 425 A002001

provided that the person or persons performing or accepting this permit shall comply with all of the provisions of the Statutes of Maine and of the Ordinances of the City of Portland regulating the construction, maintenance and use of buildings and structures, and of the application on file in this department.

Apply to Public Works for street line and grade if nature of work requires such information.

Verification of inspection must be given and when permission provided before this building or part thereof is opened or being closed-in. 4  
YOUR NOTICE REQUIRED

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

#### OTHER REQUIRED APPROVALS

Fire Dept. Greg Cross  
Health Dept. \_\_\_\_\_  
Appeal Board \_\_\_\_\_  
Other \_\_\_\_\_  
Department Name

*James Burke* 6/5/08  
Director - Building & Inspection Services

**PENALTY FOR REMOVING THIS CARD**

Scanned

**City of Portland, Maine - Building or Use Permit Application**

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 08-0460	Issue Date:	CBL: 425 A002001
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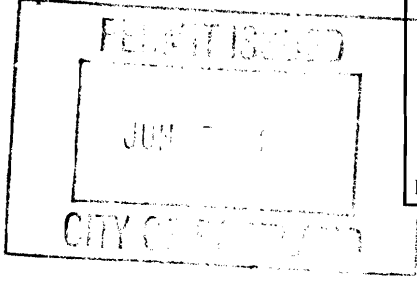
Location of Construction: 125 PRESUMPCOT ST	Owner Name: PRESUMPCOT STREET PROPE	Owner Address: PO BOX 403	Phone:
Business Name:	Contractor Name: Reagan & Company	Contractor Address: 106 Merrill Rd. Gray	Phone 2076536353
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	Zone: I-10

Past Use: Commercial - Manufacturing	Proposed Use: Commercial - Pediatric Development Center/ Interior Tenant Fit-up.	Permit Fee: \$2,345.00	Cost of Work: \$225,000.00	CEO District: 4
legal use: Professional Offices		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: B Type: 5	
		Signature: <i>[Signature]</i>		Signature: <i>JMB 6/5/08</i>

Proposed Project Description: Interior Tenant Fit-up.	PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Signature: _____ Date: _____
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Permit Taken By: lmd	Date Applied For: 05/01/2008	<b>Zoning Approval</b>
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1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. 2. Building permits do not include plumbing, septic or electrical work. 3. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work..	Special Zone or Reviews <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: _____	Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date: _____	Historic Preservation <input checked="" type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Date: _____
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**CERTIFICATION**

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application is issued, I certify that the code official's authorized representative shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provision of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT	ADDRESS	DATE	PHONE
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		DATE	PHONE

# PLUMBING APPLICATION

Department of Health and Human Services  
Division of Environmental Health

## PROPERTY ADDRESS

Town or Plantation: Portland  
Street Subdivision Lot #: 125 Presumpscot A A

## PROPERTY OWNERS NAME

Applicant Name: Presumpscot Street Properties LLC

Mailing Address of Owner/Applicant (If Different): 17 Burnham Rd Scarborough, ME 04004

## Owner/Applicant Statement

I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspectors to deny a Permit.

Signature of Owner/Applicant

Date

Local Plumbing Inspector Signature

Date Approved

08-0460

PORTLAND Date Permit Issued: 11/6/23

Local Plumbing Inspector Signature: [Signature]

PERMIT # 10674 STATE COPY

FEE: \$ 1166  Double Fee Charged

L.P.I. # 10109

425 A2

## Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.

## PERMIT INFORMATION

This Application is for	Type of Structure To Be Served:	Plumbing To Be Installed By:
1. <input checked="" type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING	1. <input type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input checked="" type="checkbox"/> OTHER - SPECIFY <u>Commercial</u>	1. <input checked="" type="checkbox"/> MASTER PLUMBER 2. <input type="checkbox"/> OIL BURNERMAN 3. <input type="checkbox"/> MFG'D. HOUSING DEALER/MECHANIC 4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE 5. <input type="checkbox"/> PROPERTY OWNER LICENSE # <u>7844</u>

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Number	Column 2 Type of Fixture	Number	Column 1 Type of Fixture
<input type="checkbox"/> <b>HOOK-UP:</b> to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.  <b>OR</b> <input type="checkbox"/> <b>HOOK-UP:</b> to an existing subsurface wastewater disposal system.		Hosebib / Silcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
<input type="checkbox"/> <b>PIPING RELOCATION:</b> of sanitary lines, drains, and piping without new fixtures.		Urinal	2	Sink
		Drinking Fountain	4	Wash Basin
		Indirect Waste	4	Water Closet (Toilet)
		Water Treatment-Softener, Filter, etc.		Clothes Washer
		Grease / Oil Separator		Dish Washer
		Roof Drain		Garbage Disposal
<b>OR</b> <input type="checkbox"/> <b>TRANSFER FEE</b> [\$6.00]		Bidet		Laundry Tub
		Other: _____		Water Heater
		Fixtures (Subtotal) Column 2	10	Fixtures (Subtotal) Column 1
			10	<b>Total Fixtures</b>
				Fixture Fee
				Transfer Fee

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

660 / 1166

# PLUMBING APPLICATION

Department of Health and Human Services  
Division of Environmental Health

## PROPERTY ADDRESS

Town or Plantation: Portland  
Street Subdivision Lot #: 125 Presumpscot St

## PROPERTY OWNERS NAME

Applicant Name: Presumpscot Street Properties LLC

Mailing Address of Owner/Applicant (If Different): 17 Burnham Rd  
Scarborough, ME 04074

## Owner/Applicant Statement

I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspectors to deny a Permit.

Signature of Owner/Applicant

Date

PORTLAND

Date Permit Issued: 6/23/08

Local Plumbing Inspector Signature: [Signature]

PERMIT # 10674 TOWN COPY

FEE Charged: \$ 166  Double Fee

L.P.I. # 969

## Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.

Local Plumbing Inspector Signature

Date Approved

## PERMIT INFORMATION

### This Application is for

- 1.  NEW PLUMBING
- 2.  RELOCATED PLUMBING

### Type of Structure To Be Served:

- 1.  SINGLE FAMILY DWELLING
- 2.  MODULAR OR MOBILE HOME
- 3.  MULTIPLE FAMILY DWELLING
- 4.  OTHER - SPECIFY Commercial

### Plumbing To Be Installed By:

- 1.  MASTER PLUMBER
- 2.  OIL BURNERMAN
- 3.  MFG'D. HOUSING DEALER/MECHANIC
- 4.  PUBLIC UTILITY EMPLOYEE
- 5.  PROPERTY OWNER

LICENSE # 7648

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2		Column 1	
	Number	Type of Fixture	Number	Type of Fixture
<b>HOOK-UP:</b> to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.  <b>OR</b> <b>HOOK-UP:</b> to an existing subsurface wastewater disposal system.		Hosebib / Sillcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
<b>OR</b> <b>PIPING RELOCATION:</b> of sanitary lines, drains, and piping without new fixtures.		Urinal	2	Sink
		Drinking Fountain	4	Wash Basin
<b>OR</b> <b>TRANSFER FEE</b> [\$6.00]		Indirect Waste	4	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
		Grease / Oil Separator		Dish Washer
		Roof Drain		Garbage Disposal
		Bidet		Laundry Tub
		Other: _____		Water Heater
		Fixtures (Subtotal) Column 2	10	Fixtures (Subtotal) Column 1
			10	Fixtures (Subtotal) Column 2
				<b>Total Fixtures</b>
				Fixture Fee
				Transfer Fee
				Hook-Up & Relocation Fee
				<b>Permit Fee (Total)</b>

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

66  
1/10

# ELECTRICAL PERMIT City of Portland, Me.



Mike Collin - Monday

To the Chief Electrical Inspector, Portland Maine:  
The undersigned hereby applies for a permit to make electrical installations in accordance with the laws of Maine, the City of Portland Electrical Ordinance, National Electrical Code and the following specifications:

Date 6/27/08  
Permit # 2008-4422  
CBL# 4251A-002

LOCATION: 125 Presumpscot St. METER MAKE & # \_\_\_\_\_  
CMP ACCOUNT # \_\_\_\_\_ OWNER Presumpscot St. Property LLC  
TENANT \_\_\_\_\_ PHONE # 774-1009

						TOTAL EACH FEE	
OUTLETS	50	Receptacles	16	Switches		Smoke Detector	.20
FIXTURES		Incandescent	30	Fluorescent		Strips	.20
SERVICES		Overhead		Underground		TTL AMPS <800	15.00
		Overhead		Underground		>800	25.00
Temporary Service		Overhead		Underground		TTL AMPS	25.00
							25.00
METERS		(number of)					1.00
MOTORS		(number of)					2.00
RESID/COM		Electric units					1.00
HEATING		oil/gas units		Interior		Exterior	5.00
APPLIANCES		Ranges		Cook Tops		Wall Ovens	2.00
		Insta-Hot		Water heaters		Fans	2.00
		Dryers		Disposals		Dishwasher	2.00
		Compactors		Spa		Washing Machine	2.00
		Others (denote)					2.00
MISC. (number of)		Air Cond/win					3.00
		Air Cond/cent				Pools	10.00
		HVAC		EMS		Thermostat	5.00
		Signs					10.00
		Alarms/res					5.00
		Alarms/com					15.00
		Heavy Duty(CRKT)					2.00
		Circus/Carnv					25.00
		Alterations					5.00
		Fire Repairs					15.00
	E Lights					1.00	
	E Generators					20.00	
PANELS	<input checked="" type="checkbox"/>	Service		Remote		Main	4.00
TRANSFORMER		0-25 Kva					5.00
		25-200 Kva					8.00
		Over 200 Kva					10.00
						TOTAL AMOUNT DUE	
						MINIMUM FEE/COMMERCIAL	55.00
						MINIMUM FEE	45.00

JUN 27 2008

CONTRACTORS NAME Bruce Miller Electrical Contracting LLC MASTER LIC. # M560019519  
ADDRESS 99 Leighton Rd Portland LIMITED LIC. # \_\_\_\_\_  
TELEPHONE 232-0397

SIGNATURE OF CONTRACTOR Bruce Miller

6/24/08. Checked underground plumbing - test  
NOT working 1ST time - went Back in 1 hr +  
test holders well - OK to Backfill.

Jan M

8-28-08

Final - OK need copy sprinkler report and fire alarm test!

my 5 h  
+  
M/C